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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032
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**COMBINED
DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION (37 CFR 1.63)
AND POWER OF ATTORNEY**

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing
(surcharge (37 CFR 1.16(e)) required)

Attorney Docket Number	9-13528-137US
First Named Inventor	Simpson, Valerie A.
<i>Complete if known</i>	
Application Number	
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

OSPF BACKUP INTERFACE

the specification of which

is attached hereto.

OR

was filed on _____
(mm/dd/yyyy)

as United States Application Number or PCT International Application Number _____

and was amended on _____ (if applicable)
(mm/dd/yyyy)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not claimed	Certified Copy Attached?
			<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

**COMBINED DECLARATION FOR UTILITY OR DESIGN
PATENT APPLICATION (37 CFR 1.63) AND POWER OF ATTORNEY**



I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 363(c) of an PCT international application designating the United States of America, listed below and, ~~insofar as~~ the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent Trademark Office connected therewith:

Customer Number: **020988**
SWABEY OGILVY RENAULT



020988

PATENT AND TRADEMARK OFFICE

Direct all correspondence to:



020988

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of sole or First Inventor:

A petition has been filed for this unsigned inventor

Given Name (first and middle if any)

Family Name or Surname

Valerie A.

Simpson

Inventor's Signature

Date

Residence: City

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Post Office Address

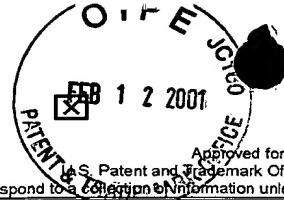
3 Springwood Circle

City

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Additional inventors are being named on the 1 supplemental Additional Inventor(s) PTO/SB/02A attached hereto.

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Dwight D.		Family Name or Surname		Jamieson	
Inventor's Signature						Date	Jan 19, 2001
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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Nevein T.		Family Name or Surname		Sultan	
Inventor's Signature						Date	Jan 25, 2001
Residence: City		Ottawa	State	Ontario	Country	Canada	Citizenship
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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Family Name or Surname					
Inventor's Signature							
Residence: City		State		Country		Citizenship	
Mailing Address							
Mailing Address							
City		Province or State		Postal Code Or Zip		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Family Name or Surname					
Inventor's Signature							
Residence: City		State		Country		Citizenship	
Mailing Address							
Mailing Address							
City		Province or State		Postal Code Or Zip		Country	

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